



August 1, 2019

Mr. Barry Ramper II
President/CEO
Home for the Friendless, Inc.
1901 North Fifth Street
Harrisburg, Pennsylvania 17102

RE: Homeland Center
Certificate #: 342800

Dear Mr. Ramper:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 1, 2019 of the above facility, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *HOMELAND CENTER*

License Number: *342800*

Address: *1901 NORTH FIFTH STREET, HARRISBURG, PA 17102*

County: *DAUPHIN*

Region: *CENTRAL*

Administrator

Name: *Jennifer Murray*

Phone: *7172217901*

Email:

Legal Entity

Name: *HOME FOR THE FRIENDLESS INC*

Address: *1901 NORTH FIFTH STREET, PA, 17102*

Certificate(s) of Occupancy

Type: *I-2*

Date: *12/08/2003*

Issued By: *City of Harrisburg*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *50*

Waking Staff: *38*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

07/01/2019 - On-Site: Laura Heemer, Israel Springs

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56*

Residents Served: *41*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *41*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *9*

Have Physical Disability: *0*

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The medical evaluation for Resident 1, dated 10/8/2018, documents that the resident has a permanent pacemaker and a prescription for Nitrostat .4 mg as needed for chest pain. The current support plan for the resident, completed 1/18/2019, does not include this information.


Resident 2 was admitted to the home in 2016 with an order for PRN Oxygen. A progress note dated 6/17/2019 states that the resident needs to be reminded to wear the Oxygen. The current support plan for this resident, completed 9/17/2018, does not assess the resident's need for oxygen and need for staff assistance with reminders.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached PAGE 2A

Legal Entity Representative

Signature 

Jennifer Murray, DDC
Printed Name and Title

7/31/19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7/31/2019 (Date) Plan of correction implementation status as of 7/31/2019 (Date)

The above plan of correction was approved by BAS (Initials) Fully Implemented Partially Implemented - Adequate Progress Partially Implemented - Inadequate Progress Not Implemented

POC for inspection on 7/1/19

(report received on 7/31/19 via email from B. Swanger)

- 1) Both instances in violation report were discussed with the Personal Care Administrator the morning of 7/1/19 and corrected immediately.
- 2) The Personal Care Staff reviewed and added additional items needed to the Support Plan Addendums in all 41 resident charts by 12:30pm on 7/1/19.
- 3) Staff meeting was held on Tuesday, July 9th where preliminary inspection results were reviewed. Licensed staff were educated to ensure all needs are reflected on the Resident Support Plan and addendums, as required.
- 4) Going forward, the Personal Care Administrator/designee will complete all Support Plans and have them reviewed for additions/corrections by a 2nd Licensed Staff Person prior to being signed and placed in the resident record.



Jennifer Murray, Director of Personal Care

7/31/19
